

NHSGGC SGC(M)19/01  
Minutes: 1 - 21

NHS GREATER GLASGOW AND CLYDE

**Minutes of a Meeting of the  
NHS Greater Glasgow and Clyde  
Staff Governance Committee  
held in the Boardroom, JB Russell House,  
Gartnavel Royal Hospital, Great Western Road, Glasgow,  
on Tuesday 5 February 2019**

**PRESENT**

Ms M Brown (in the Chair)

Mr A Cowan (Vice Chair)                      Councillor S Mechan  
Mrs D McErlean (Co-Chair)                Mrs R Sweeney

**IN ATTENDANCE**

Mr J Best	Interim Chief Officer, Acute Services
Dr J Burns	Deputy Responsible Officer (Item 8)
Mr G Capstick	Area Partnership Forum Staff Side Secretary
Ms B Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr L de Caestecker	Director of Public Health (Item 6.2)
Mr W Edwards	Director of eHealth (Item 3.2)
Mr K Fleming	Head of Health and Safety
Ms J Haynes	Board Complaints Manager (Item 17)
Mrs G Hardie	HR Administrator
Mrs B Howat	Head of People & Change, Corporate Services
Mrs D Hudson	Staff Governance Co-ordinator/iMatter Op Lead
Mrs S Leslie	Deputy Director of Human Resources and Organisational Development
Mrs M Macdonald	Learning & Education Manager
Mrs A MacPherson	Director of Human Resources and Organisational Development
Mrs S Manion	Chief Officer, East Dunbartonshire HSCP (Item 3.1)
Mr A McCready	Staff Side Co-chair – Non City HSCP Staff Partnership Forum
Mr J Pender	Workforce Planning and Analytics Manager
Mr T Quinn	Head of People & Change, East Dunbartonshire HSCP (Item 3.1)
Mrs R Wall	Occupational Health Service Manager (Items 6.5 & 7)
Mr S Young	Corporate Facilities Lead (Item 6.1)
Ms L Yule	Audit Scotland (Observer)

**1. WELCOME AND APOLOGIES**

**ACTION BY**

The Chair opened the meeting by welcoming Mrs Susan Manion, Chief Officer, and Mr Tom Quinn, Head of People & Change, East Dunbartonshire HSCP, who were in attendance to provide an update on the application of the Staff Governance Standard in East Dunbartonshire HSCP. Mr William Edwards, Director of eHealth, supported by Mrs Bridget Howat, Head of People & Change, Corporate Services, were also present to provide the Committee with a presentation on the application of the Staff Governance Standard within the eHealth Directorate.

Dr Jennifer Burns, Dr Linda de Caestecker, Ms Jennifer Haynes, Mrs Rona Wall and Mr

Scott Young were present to speak to specific agenda items. Ms Louisa Yule was attending the meeting as an observer.

Apologies for absence were intimated on behalf of Mrs Jane Grant, Ms Margaret McCarthy, Mrs Linda Delgado, Councillor James Clocherty, Ms Jackie Erdman, Ms Jeanette Donnelly, and Ms Frances Carmichael.

NOTED

## **2. DECLARATIONS OF INTEREST**

No declarations of interest were raised in relation to any of the agenda items to be discussed.

NOTED

## **3. PRESENTATIONS – Local Compliance with Staff Governance Standard**

### **3.1 Presentation by East Dunbartonshire HSCP**

The Staff Governance Committee received copies of the East Dunbartonshire HSCP Action Plan.

Mrs Susan Manion, Chief Officer, East Dunbartonshire HSCP, supported by Mr Tom Quinn, Head of People & Change, and Mr Andrew McCready, Staff Side Co-Chair, Non City HSCP Staff Partnership Forum, gave a presentation which described the Staff Governance structures and provided an update on key metrics including sickness absence, KSF and iMatter within East Dunbartonshire HSCP and the Oral Health Directorate.

It was noted that the HSCP had an integrated Staff Forum and the minutes of the Forum and the Staff Governance Group were routinely provided to the Integrated Board for information and comment. The HSCP also has an active workforce plan and local learning plans.

Mrs Manion outlined the achievements, challenges and priorities highlighted in the East Dunbartonshire HSCP Staff Governance Action Plan. It was noted that there is a clear commitment to delivering identified values and behaviours in partnership and continuing to acknowledge staff achievements.

The first case study provided described the actions taken to develop the values and behaviours which are core to how the HSCP operates. Following engagement with staff and staff side partners, the agreed values and behaviours were launched through team meetings. It was agreed it would be helpful to circulate a copy of the values and behaviours card to the Committee.

The next case study outlined the actions undertaken within the Oral Health Directorate in preparation for the second anniversary run of iMatter.

Mrs McErlean commended the Oral Health Directorate on its achievements across all

**G Hardie**

areas of Statutory Mandatory training which were above 80%.

Councillor Mechan suggested there may be an opportunity for shared learning throughout the Board. Mrs MacPherson reported that examples of good practice were shared through the Heads of People and Change. Mrs Manion suggested members may find helpful information on the Oral Health intranet pages.

Mr Cowan sought reassurance regarding achievement of the 80% KSF target, given that compliance was currently sitting at 40%. Mr Quinn advised that prior to the transition to Turas the HSCP had consistently achieved high compliance rates and were confident of improving this figure in the coming months.

The Chair thanked Mrs Manion, Mr Quinn and Mr McCready for providing the Committee with an informative and helpful presentation and welcomed the positive work across all areas of the HSCP and Oral Health Directorate. The achievement of consistently high scores reflected a positive culture and it would be helpful to receive further information on how this has been achieved.

S Manion

NOTED

**3.2** Presentation by eHealth Directorate

A copy of the eHealth Directorate Action Plan had been circulated to the Committee in advance.

Mr William Edwards, Director of eHealth, supported by Mrs Bridget Howat, Head of People and Change, presented to the Committee. Mr Edwards provided a breakdown of the structure of the eHealth Directorate and outlined the sickness absence, KSF, iMatter, staff induction metrics and compliance with the Statutory and Mandatory training targets. It was noted that significant work is underway to improve on the current sickness absence level of 6.6% by focussed attention and support to areas of particular challenge.

An update was provided on the achievements and challenges within the eHealth Directorate. The Directorate were performing well across all Statutory Mandatory training areas and in terms of iMatter response rates and action planning. Mr Williams also outlined highlights from the Directorate action plan and in particular, efforts to encourage local ownership.

The case study provided details of improved engagement with staff through monthly information sessions where staff were encouraged to suggest topics for discussion and share learning outcomes. Sessions have been evaluated and excellent feedback received from staff. Daily information is also provided to staff through the installation of departmental tv screens.

The Chair thanked Mr Edwards and Mrs Howat for providing an informative presentation. The transition to Turas was acknowledged as the main contributor to the low achievement in KSF, but it was anticipated that this would be rectified over the coming months with more focused attention.

Ms Brown commended the Directorate for the success of their monthly information sessions and suggested this could be helpful in other areas of the Board to improve staff engagement.

NOTED

#### **4. MINUTES**

The Minutes of the Staff Governance Committee meeting held on Tuesday 6 November 2018 NHSGC SGC(M)18/04 were approved.

The Chair reported that the concerns raised at the November meeting regarding Sharps training compliance had been highlighted at a Board away day.

NOTED

#### **5. ROLLING ACTION LIST**

The Employee Director had circulated the Rolling Action List (Paper 19/01).

Mrs McErlean provided a brief update on items which were not on the current Agenda and highlighted those which had been actioned and were now marked as complete.

NOTED

#### **6. MATTERS ARISING FROM THE MINUTES**

##### **6.1 Fire Safety Policy**

The Associate Director of Estates and Facilities had circulated a paper providing an update on the Fire Safety Policy and training compliance (Paper 19/02).

Mr Scott Young, Corporate Facilities Lead, was in attendance to present the paper. The revised Fire Safety Policy had now been formally approved by the Corporate Management Team and a wide-ranging Communication Plan is being finalised to ensure all staff are aware of the changes and the impact on their responsibilities. The new policy will be launched when the LearnPro modules have been updated, which was due to be completed by the end of February 2019. LearnPro will be the only source for compliance monitoring going forward and the system will be reviewed annually to ensure modules remain compliant with current regulations. In the meantime, Site Facilities Managers were being briefed on pending changes and were meeting with sector/directorate management teams to advise on the changes and promote a consistent message.

The main changes to the policy were outlined. It was noted that general awareness fire safety training would now take place annually instead of the previous two yearly cycle. In addition, bespoke evacuation training reflecting the geography of the local ward/service area will be provided by identified Fire Safety Managers with support from Fire Safety Officers.

The paper also provided an update on Fire Safety Awareness Training compliance which was 78.8% at December 2018 and required further work to achieve the 95% target. It was expected that the launch of the new policy and associated communications plan would lead to an upturn in staff completing their LearnPro modules. Reporting has improved significantly allowing managers to determine the compliance status of individual staff in their department.

Councillor Mechan thanked Mr Young for the work undertaken and the level of assurance provided to the Staff Governance Committee.

Mrs Sweeney asked for confirmation that the changes which had been made have been validated by the relevant fire authorities in Scotland. Mr Young confirmed that both Health Facilities Scotland and the Scottish Fire and Rescue Service had been consulted and were content with the changes which had been made.

Mr Best acknowledged it was crucial for all staff to have a LearnPro account to achieve the required levels of training compliance and advised this was being pursued within Acute Services.

Mrs Sweeney suggested it might be helpful for the Committee to agree a form of words to be used when reminding staff of their obligations and personal responsibility regarding fire training. The Chair advised that the Committee Co-Chairs and Secretariat would consider this further.

**M Brown/  
D McErlean**

The Chair acknowledged the progress made to date but advised that the Staff Governance Committee would continue to monitor the position. Ms Brown also thanked members for their input on this topic which had contributed to the improvements now being evidenced.

#### NOTED

### **6.2 Flu Vaccination Report**

The Director of Public Health had circulated a paper providing an update on the staff flu vaccination campaign and progress towards the 60% target (Paper 19/03).

Dr de Caestecker advised that there had been a 45% uptake on the flu vaccination by staff. and whilst this figure was disappointing, it was noted that the year on year uptake was steadily improving.

The use of peer immunisation had been increased with 291 staff now registered as peer immunisers compared to 160 in the previous year. In addition, roving teams were introduced to main sites during November and December with an average of 80 staff per day being immunised.

Uptake in Partnerships had improved however concerted efforts were required within Acute Services to improve uptake. Planning for next year was already underway.

Following a query from Mrs Sweeney, Dr de Caestecker advised that approaches used

in other Boards had been considered and where relevant used within NHSGGC.

Councillor Mechan suggested an approach whereby immunisation could be a stipulated requirement for new starts. Dr de Caestecker explained that this would only be useful at the point of employment as staff would need to be re-vaccinated each year thereafter. The Chair acknowledged this suggestion, but considered a national approach rather than a Board level approach may be required. Mr Cowan also pointed out that such a decision may be outwith the remit of the Staff Governance Committee.

Mr Cowan suggested that it would be helpful if the data could contain more detail, including percentages. Dr de Caestecker advised that improved IT was currently being pursued which would enhance monitoring and reporting.

The Chair acknowledged the year on year improvement while recognising that further work was required to achieve the 60% target and to understand why the uptake in the Acute Division was lower. Councillor Mechan highlighted a report provided by Dr Donnie Lyons which should be circulated to colleagues.

G Hardie

NOTED

**6.3** Health and Safety Executive (HSE) Compliance Update

The Head of Health and Safety had circulated a paper providing an update on HSE compliance (Paper 19/04).

Mr Fleming advised that the required documentation had been finalised in relation to the Domestic Skin Health Improvement Notice and verbal assurance had been given that the Board is now considered compliant in this regard.

In relation to the Queen Elizabeth University Hospitals Face Fit Testing Improvement Notice concerning medical staff in wards 5C and 5D, Mr Fleming advised that the additional information requested by the HSE had been provided and whilst formal confirmation was awaited assurances had been given that the Board is now compliant.

Mr Fleming provided an update on compliance with Sharps training which was progressing well in some areas but required sustained attention to achieve the required targets in other poorly performing areas. Examples of best practice had been identified and Mr Fleming planned to meet with Chief Officers to discuss how this could be embedded in their areas. It was proposed that this be raised again at the Corporate Management Team as it was considered that more rapid improvement was required.

A MacPherson

It was agreed that individuals should be held accountable where they have not activated their LearnPro account and undertaken the necessary training for the protection of staff and patients. Managers and staff side would continue to encourage and support this process.

The Chair thanked Mr Fleming for the comprehensive update.

NOTED

**6.4** Risk Register

The Director of Human Resources and Organisational Development had circulated the updated Risk Register extract (Paper 19/05) relating to the risks which come under the remit of the Staff Governance Committee.

Mrs MacPherson asked that the Committee consider the changes which had been made to the extract. It was noted the group established to review the extract had not yet had the opportunity to meet and it was agreed this would be arranged before the end of the week. Following this, recommendations would be brought back to the group for consideration.

A MacPherson

Mr Fleming agreed to liaise with risk management colleagues to ensure the formatting of the document was adjusted to ensure easier viewing particularly of the scoring.

K Fleming

NOTED

**6.5** Healthy Working Lives Mental Health Update

The Occupational Health Service Manager had circulated a paper which provided an update on support in place for staff with mental health issues and measures to identify and reduce work related stress (Paper 19/06).

Mrs Wall advised that in the 2018 calendar year there were 5548 management referrals to the Occupational Health Service (OHS) 34% of which related to stress, anxiety depression and other psychiatric illness. It was noted that the OHS provides an inhouse counselling service.

Ms Wall also outlined a range of initiatives including inhouse training for managers on the management of mental health and stress which was launched in September 2018; general stress awareness training for all staff; further training for staff on dealing with traumatic events which is being developed with the Glasgow Centre for Psychological Trauma; on-line support which is also available to staff and managers via HR Connect.

A new short life working group has been established to review support and consider future requirements taking account of current research and developments in mental health support, which would include the use of mental health first aiders. The group will produce a report of its findings.

Ms Culshaw highlighted additional resources available locally to complement this work, including mindfulness sessions.

Mrs Sweeney queried which policy statement this area of work related to and it was confirmed this linked to the Staff Governance Standard strand on health and wellbeing at work and was also linked to the Staff Health Strategy Year 2 priorities.

Mrs Wall would ensure a clear link was made in the Strategy to the Mental Health and Wellbeing Policy.

R Wall

NOTED

#### **7. STAFF HEALTH STRATEGY – YEAR 2 ACTION PLAN**

The Occupational Health Service Manager had circulated a paper which presented the Staff Health Strategy Year 2 Action Plan (Paper 19/07).

Mrs MacPherson provided a brief overview of the Action Plan and advised that the Staff Health Strategy Group, led by the Occupational Health Service Manager, had met to determine the actions required to improve staff health and wellbeing. It was noted that Alan Cowan was the Staff Health Strategy champion.

The Committee were asked to consider the specific actions in the plan and provide comments to Mrs Wall by 19 February 2019.

Members

NOTED

#### **8. MEDICAL REVALIDATION REPORT**

The Medical Director had circulated a paper on Medical Revalidation and the Professional Governance Annual Report (Paper 19/08). Dr Jennifer Burns, Deputy Responsible Officer was in attendance to present the paper.

Dr Burns advised that the first five year cycle of revalidation had been completed in 2017/18 and Boards were now entering the second cycle. For the period 2017/18 a 94% appraisal completion rate had been achieved. This reflects a 1% shortfall from the previous year but performs well against the Scottish average of 92%. It was noted that 85% of doctors identified for revalidation received a positive recommendation.

The Professional Governance Annual Report set out three recommendations for Boards, ie.

- 1) ensure sufficient numbers of appraisers are in place;
- 2) report annually on appraisal and medical revalidation through local arrangements and ensure robust systems are in place; and
- 3) continue to share information when doctors have more than one employer.

Dr Burns outlined the actions which were underway to comply with these recommendations.

In response to a question from Mrs Sweeney, Dr Burns advised that the less than 100% appraisal completion rate generally reflected sickness absence, maternity leave, or late starters. A process was in place to ensure those who did not complete appraisals were followed up. It was considered that there were sufficient numbers of appraisees for the process but this was continually monitored. The variance between the number of appraisers in primary care and secondary care was noted. Dr Burns explained the different allocation of time for undertaking the appraisal process within both sectors.

It was suggested that it might be helpful for these points to be taken to the Medical Director for further clarification and it was recommended that further details on time allocation for appraisers be included as part of the next Revalidation report.

Ms Brown sought assurance that Clinical Fellows were also part of the appraisal process and Dr Burns confirmed that they would be required to engage in the process after two months in employment.

NOTED

**9. STAFF GOVERNANCE WORKPLAN: INVOLVED IN DECISIONS**

The Director of Human Resources and Organisational Development had circulated the Staff Governance Workplan 2018/19 (Paper 19/09). The update focused on the 'Involved in Decisions' strand of the Staff Governance Standard.

The Director of Human Resources and Organisational Development provided an overview of progress on each of the actions in the Involved in Decisions section of the Plan, including development of a Staff Experience Improvement Plan, publishing the annual Workforce Plan, and involving staff in the Moving Forward Together programme.

The Chair thanked Mrs MacPherson for the update.

NOTED

**10. AREA PARTNERSHIP FORUM REPORT**

The Employee Director had circulated the Area Partnership Forum Report and minutes of the meetings of the Forum held on 19<sup>th</sup> September 2018, 24 October 2018 and 21 November 2018 (Paper 19/10).

Mrs McErlean updated on recent matters discussed by the Area Partnership Forum including the Financial Improvement Plan, Moving Forward Together, Brexit Briefing, Bank Hours Reduction, and Service Redesign as well as regular standing agenda items.

It was noted that staff side continued to be involved in the Moving Forward Together workstreams and were also supporting the awareness sessions.

The Chair thanked Mrs McErlean for her update.

NOTED

**11. ORGANISATIONAL CULTURE**

The Director of Human Resources and Organisational Development had circulated a paper outlining the progress made on developing the Boards approach to culture (Paper 19/11).

Mrs MacPherson provided an overview of progress against key actions, highlighted the year 1 priorities identified by the Corporate Management Team, and outlined the next steps. The success factors for achieving a good culture were outlined in the paper and details of the year 1 priorities aligned to the Board blueprint for Good Corporate Governance were also provided.

It was noted that further discussion had taken place through the Board development session and in addition a small subgroup had met with the Staff Governance Committee Co-Chairs. Wider consultation with staff would take place including the use of focus groups. In addition, the Corporate Management Team would be asked to identify the actions that they will take to support delivery of the Better Workplace culture. It was noted that organisational culture was scheduled for discussion at a future Board seminar. An implementation plan and communication plan would be developed to help embed the framework across the organisation.

The Chair requested that valuing diversity and challenging discrimination be made clearer in 'our values and behaviours'. Mrs Sweeney highlighted that the paper did not include reference to individual staff accountability/responsibility and that an explicit statement in this regard would be helpful.

A MacPherson

The members noted the progress made and welcomed the use of focus groups to test the Better Workplace culture and its implementation.

NOTED

**12. WORKFORCE STATISTICS**

The Workforce Planning and Analytics Manager had circulated Paper 19/12 which provided Workforce Statistics for the quarter ending December 2018.

Mr Jonathan Pender, Workforce Planning and Analytics Manager, spoke to the workforce dataset, HR Activity, and workforce equality information and highlighted points of interest. The report also included details on the recruitment timeline requested at the last meeting and information on the Gender and Pay Gap analysis action plan.

It was reported that the data provided for quarter 3 on recruitment timeline had been updated to include only the agreed reporting parameters, which had the effect of reducing the figure from 15.75 weeks to 12.37 weeks. Mrs McErlean highlighted that this was noted in terms of consistency of reporting, however, the overall length of the process still meant that the vacancy remained unfilled for the whole period. It was noted that the recruitment targets are internally set and not a national target.

The Director of Human Resources and Organisational Development advised that NHSGGC were in the first phase of the rollout of the new Recruitment IT system which was scheduled to take place between April and July 2019.

The Committee noted the current Workforce Statistics report.

NOTED

**13. AUDIT REPORT ON ATTENDANCE MANAGEMENT**

The Director of Human Resources and Organisational Development had circulated a paper which included the Audit Report on Attendance Management and the associated action plan (Paper 19/13).

It was noted that the Director of Human Resources and Organisational Development had requested this audit in order to explore further opportunities to improve attendance management. The report had highlighted issues around local implementation of policies, training and housekeeping and an action plan had been created to address gaps and ensure compliance with policy requirements. The Action Plan would be monitored through the FiP Attendance workstream.

The report had previously been considered by the Audit Committee, the Acute Services Committee and the NHS Board. Mrs Sweeney raised concern that the report had been submitted to these committees in advance of the Staff Governance Committee however it was noted this was the standard process for any audits undertaken.

Following a query by Mrs Sweeney on refreshing the NHSGGC Attendance Management Policy, Mrs MacPherson advised that as part of the Scottish Government's 'Once for Scotland' approach the policy was under consideration nationally and Boards had been requested not to update local policies pending the outcome of this work. This had been raised as a concern at national level and the position was being monitored. The Committee members also wished to record their concern in this regard.

It was agreed that it would be helpful to have a short update at the August meeting to reflect on achievements to date and any actions still to be addressed.

**A MacPherson**

NOTED

**14. RELEASE POTENTIAL REPORT**

It was agreed that this item should be deferred to the next meeting on 7 May 2019.

**G Hardie**

NOTED

**15. TURAS APPRAISAL UPDATE**

The Learning and Education Manager, Organisational Effectiveness, circulated an update in relation to Turas implementation within NHS Greater Glasgow and Clyde (Paper 19/15).

Mrs Macdonald provided an update on Turas Appraisal implementation and the current system functionality and further planned developments. It was noted that the introduction of a dashboard for managers was planned and reports currently only

available to Boards through NES will shortly be available direct from the system to Boards.

Performance dips have been experienced since the transition to Turas with NHSGGC compliance falling from 41% in September 2018 to 20.8% in January 2019 as a result of reviews being brought forward to December in the previous year. This is receiving focused attention and is expected to rise in the coming months.

The Chair thanked Mrs Macdonald for the report.

NOTED

**16. STATUTORY AND MANDATORY TRAINING REPORT**

The Learning and Education Manager, Organisational Effectiveness, circulated a paper on Statutory and Mandatory Training (Paper 19/16).

The paper provided data showing overall Board compliance for each of the nine Statutory and Mandatory topics, and a breakdown by Directorate/HSCP. It was noted that whilst progress continued to be made, compliance still fell short of the 90% target in all modules, however work continued to drive up compliance.

NOTED

**17. WHISTLEBLOWING REPORTS – CLOSING ARRANGEMENTS**

The Whistleblowing Champion and Board Complaints Manager circulated a paper which outlined the Whistleblowing update and handover arrangements (Paper 19/17).

Ms Jen Haynes, Board Complaints Manager, advised that the report provided an update on active cases in recognition of the fact that Ms Brown, the current Whistleblowing Champion's term as a Non Executive Director would cease at the end of March 2019. The aim of the report was to ensure smooth and efficient handover. Ms Brown will provide final commentary on the report prior to her departure.

The report also provided an update on developments including the need to ensure compliance with the new Whistleblowing Standards which are due to be implemented in October 2019. It was noted that due to increased activity a dedicated administrative resource has been approved to support this work and an extra Stage 2 reviewer has been appointed.

Mrs Sweeney raised a concern that one of the cases included in the report had been outstanding since April 2016. Ms Brown outlined the circumstances that had led to this extraordinary delay and the procedures in place to prevent a recurrence and advised that she expected the current investigation to produce a robust report which would allow the case to be concluded in the near future. Ms Brown also advised that she had requested a meeting be set up with the Chair and Chief Executive regarding allegations of racism which featured in two of the cases.

Ms Brown

It was noted that there was no clarity yet on who would undertake the role of Whistleblowing Champion however Ms Brown would keep Mr Cowan and others updated on progress.

NOTED

**18. REMUNERATION COMMITTEE REPORT: MEETINGS 23 NOVEMBER 2018 AND 15 JANUARY 2019**

Mr Cowan provided the Committee with a verbal update on issues discussed at the Remuneration Committee meeting which had taken place on 23 November 2018 as follows:

- Update on Equal Pay – it was noted this was a longstanding national issue coming to a conclusion.
- Update on Performance Appraisal of Executive and Senior Managers - noted
- Update on 2 new posts and changes to existing posts - acknowledged and approved
- Consultants' Discretionary points – noted.
- Terms of Service for Chief Executive – to bring notice period into line with other NHS Boards – approved.

As Mr Cowan was unable to attend the Remuneration Committee meeting on 15 January 2019, the Director of Human Resources and Organisational Development provided an update from this meeting.

Mrs MacPherson advised that the meeting had been convened as a matter of urgency to consider a request for NHSGGC to host the employment of a senior officer to undertake work on behalf of the Scottish Government under a Service Level Agreement.

NOTED

**19. CHAIR'S ISSUES TO BE RAISED AT NHS BOARD**

Ms Brown suggested the following issues be considered for highlighting to the NHS Board:

- Statutory Mandatory Training, particularly Sharps Training/Learnpro accounts and individual staff responsibility
- Medical Revalidation – Appraisal compliance and appraiser/appraisee ratio in Acute
- Culture – the need for more robustness around diversity/discrimination and individual accountabilities
- Attendance Management – highlighting the impact of the Once for Scotland approach to reviewing policy, progressing actions locally from the Audit report.

NOTED

**20. FAREWELL**

Ms Brown advised that this would be her last meeting Co-Chairing the Staff Governance Committee as her term as a Non Executive Director of the Board would be ending in March 2019. She expressed her personal thanks to Committee members for their support to her in the role and acknowledged the achievements of the Committee during her period in the role. Finally, Ms Brown extended her best wishes to the Committee for the future and particularly to Alan Cowan and Dorothy McErlean as Co-Chairs of the Staff Governance Committee.

On behalf of the Committee, Mrs McErlean thanked Ms Brown for her all her hard work for the Staff Governance Committee and also her contribution to the Staff Disability Forum, LGBT and BME networks, Whistleblowing, Project Search and youth employability. Ms Brown will be missed by colleagues of the Committee.

**21. DATE & TIME OF NEXT MEETING**

The next meeting of the Staff Governance Committee would be on Tuesday 7 May 2019 at 1.30pm in the Boardroom, JB Russell House, Gartnavel Royal Hospital.

The meeting ended at 4.55pm.